ROLL

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number	10/056,562
	Filing Date	January
Address to: MAIL STOP RCE	First Named Inventor	Saund et al.
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Art Unit	2676
Alexandria, VA 22313-1450	Examiner	Gregory F. Cunningham
TRANSMIT & TRANSMIT	Attorney Docket No.	XERZ 2 00460
amendments filed after the final submission even if this box is not i. Consider the argument.  ii. Other. b. Enclosed i. Amendment/Reply ii. Affidavit(s)/Declaration iii. Information Disclosur iv. Other  2. Miscellaneous	ice under 37 CFR 1.114 does not ign application.  R 1.114  I. If a final Office Action al Office Action may be checked.  Into in the Appeal Brief or Fronts in the Appeal Brief or Fronts in the above-identified a riod of months. (Pe in 37 CFR 1.17(i) required)	on is outstanding, any be considered as a Reply Brief filed on 449 and references
and request a <b>two-month ex</b> Office Action. c.  Other	tension of time to respo	ond to the outstanding

3. Fees (The RCE fee RCE is filed.)	under 37 CFR 1.11	4(e) is require	ed by 37 CFR	1.114 when the	
CLAMO AC EU	ED, LESS ANY CLAIMS CANC	ELED BY ABOVE IN	DICATED AMENDRES	uT(c)	
(1) For	(2) CLAIMS REMAINING AFTER AMENDMENT LESS HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
TOTAL CLAIMS (37 CFR 1.16(c))	20 - 20 =	0	x \$50	= \$0.00	
INDEPENDENT CLAIMS (37 CFR 1.16(B))	4-4=	0	x \$200	= \$0.00	
MULTIPLE DEPENDENT CLAIMS (IF APPLICABLE) (37 CFR 1.16(D))		ANY 0	x \$360	= \$0.00	
APPLICATION SIZE FEE (FOR APPLICATION THAT EXCEEDS 100 SHEETS, FEE FOR EACH GROUP OF 50 ADDITIONAL SHEETS)	<b>0</b> Gr	ROUP(S)	x \$250	= \$0.00	
	Basic RC	E FEE (37 CFR 1.	.16(a))	\$790.00	
		TOTAL LARGE ENTI		\$790.00	
charged to Deposit Acc		Respectfully	submitted		
	FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP				
Jue 2200 4		$\mathcal{N}$	15 rat	· 	
Date	Mark S. Svat, Reg. No. 34,261 1100 Superior Avenue, Seventh Floor Cleveland, OH 44114-2579 Customer No. 61962 216-861-5582				
	Certificate of Maili	ng or Transmission	-		
I hereby certify that this corresp				d or enclosed) is (are)	
Commissioner for Pater	nited States Postal Serv nts, P.O. Box 1450, Alexan	dria, VA 22313-14	459 on the date in	dicated below.	
☐ transmitted to the USPT	O by facsimile in accorda	nce with 37 CFR	1/18 on the date in	ndicated below.	
Express Mail Label No.:	Sign	nature:	aring y	Tom the	
Date: 6-22-0	( Nan	ne: Karen M. Fors	syth		